

The Ohio Society of Health-System Pharmacists
Position Statement on Changes to
Ohio Revised Code 4729.39 Consult Agreements with Physicians

OSHP recommends that ORC 4729.39 Consult Agreement with Physicians be changed in such a way to allow licensed qualified pharmacists to be governed by the current legislation which applies to pharmacists practicing in hospitals and long term care facilities. Specifically, a recommendation is being made to add the following underlined verbiage to the law:

Pharmacists are permitted to manage individual's drug therapy so long as the following criteria are met:

1. Organizational policies and procedures are established, including the process for qualifying licensed pharmacists to perform collaborative drug therapy monitoring.
2. For any period of time during which a pharmacist or physician acting under the consult agreement is not readily available the organization's policy shall require that another pharmacist and physician be available.
3. The consult agreement must be in writing except that a consult agreement may be entered into verbally if it is reduced to writing and shall comply with the organization's policy on consult agreements.
4. The patient may decline care by the pharmacist if they choose.
5. The actions of the pharmacist must be documented in the medical record.

The Ohio Society of Health-System Pharmacists (OSHP) believes that as the number of medications used to treat acute and chronic conditions grows exponentially, the need for an expert in medication uses, adverse effects, drug-drug, and drug-disease interactions in both inpatient and outpatient settings is evolving. Many pharmacists in both inpatient and outpatient areas now practice in a collaborative environment. These pharmacists practice in some form of a health care team to evaluate and recommend methods to optimize and individualize medication therapy for patients, based on the patient's potential for drug-drug interactions, drug-disease interactions, lifestyle and compliance (adherence) obstacles, as well as financial obstacles.

The beneficial effects of pharmacists practicing collaborative drug therapy monitoring in various settings have been well documented. Pharmacists working collaboratively with health care providers have shown significant reductions in adverse drug events, costs, need for hospitalization, and deaths. In addition, improvements in the achievement of health care goals and adherence to preventative guidelines have been documented.

The exponential growth of medications in recent years has necessitated that pharmacist training has expanded to a minimum of 6 years, with a much larger emphasis placed on experiential training. Pharmacists are among the best trained practitioners in the health care team to choose the optimal drug regimen based on patient specific characteristics.

OSHP supports the elimination of the complexity of the current Ohio Revised Code consult agreements in an outpatient health-system setting. Specifically, OSHP supports a recommendation that the aforementioned underlined verbiage be added to the law, proposing that a physician may consult an inpatient or outpatient pharmacy service to either “review or recommend” changes in drug therapy or to “manage” medication therapy regardless of the health-system setting. This is consistent with how other disciplines and specialties in the health care field are consulted.

The “review and recommend” function may be an evaluation of overall medication therapy, an evaluation and recommendation of dosing for a particular medication, or an evaluation and recommendation in medication therapy for a particular disease state. In this situation, the pharmacist may not prescribe or change any medication without the physician permission.

Alternatively, the physician may consult a pharmacy service for “management” of a particular medication or medication treatment of a disease state under protocols or guidelines agreed upon with the consulting physician. When a physician consults for “medication management”, then a pharmacy service would be responsible for evaluating the most appropriate medication, dose and schedule to treat that disease state and would be permitted to write the necessary prescriptions and to order the necessary tests to manage and monitor the medication treatment of the disease state under the protocol or guidelines. The pharmacist will be required to send a consultant report to the patient’s primary care physician as well as the consulting physician.

OSHP believes that these changes will eliminate the inefficiencies that occur in both the development and upkeep of our current formal collaborative agreements.

Adopted by the House of Delegates April 23, 2010